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SCIENCE

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PRINCIPLES OF CURRICULUM MAKING¹

THE favorite indoor sport of medical educators is curriculum making. As a game it ranks with jig-sawed pictures and "pigs in clover." It is not yet entirely clear whether this game should be played according to Hoyle or Marquis of Queensbury rules. The scores are published in our annual bulletins. Unfortunately no clear method of recording results has been devised. It is therefore hard to make comparisons, and no national champion has ever been declared. An expert can usually figure out the championship for any particular school. But the results would be much clearer if printed in some such form as this:

Professor Smith, Champion.... 964 hours.
Professor Jones, Runner-up... 807 hours.
Professor Brown, Booby prize. 24 hours.

It is evident that this game has interesting possibilities. Its serious discussion on this occasion may not be without value. Several of the schools of this Association have recently revised their curricula. Others are engaged just now in this work. These efforts are made necessary by a variety of conditions. In general it may be stated that dissatisfaction with the educational results obtained with existing courses of study is the principal cause of the desire for change. Furthermore, the new conditions brought about by increased entrance requirements make a readjustment of teaching desirable and perhaps imperative.

We Americans approach such a problem

¹ Presidential address at the meeting of the Association of American Medical Colleges, February 25, 1914.